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Original Communications.

ON BROMIDE OF POTASSIUM, AS COUNTERACTING THE NAUSEA ATTENDING ETHERIZATION.

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IN bringing before the profession an important and apparently new property of the bromide of potassium, it was at first my intention to present some details of its history, and its physiological effects upon man and beast; but I have before me the *Richmond Medical Journal* for January, 1868, in which there is an article by Dr. A. M. Fauntleroy, so able and comprehensive as to render any general remarks by myself quite unnecessary. I therefore shall confine myself to an exposition of its use in the relief of the nausea and other disagreeable effects attendant upon the inhalation of ether. As will be seen by reference to Case I. of those that I give, I owe whatever credit may attain from this discovery to Prof. H. R. Storer, who suggested it to me, and under whose advice I have worked the matter up.

There may be those who are unaware of the large percentage of cases in which there is great functional derangement of the stomach after anæsthesia. My friend Joseph Hale, House-surgeon at the Massachusetts General Hospital, informs me that at that institution the nausea is invariable after the inhalation of ether, while nine tenths of the patients vomit freely. The results at Bellevue and Charity Hospitals of New York are ascertained to be the same. Prof. N. H. Pancoast, of Philadelphia, in a conversation which I had with him last winter, bore testimony to the same facts in his own city, and surgeons everywhere have recognized it as the great objection to the use of ether as an anæsthetic. In fact, its extreme disagreeableness in this respect (which the more pleasant chloroform to a certain extent shares) to both the patient and physician, has been the motive which induced the indefatigable Richardson to urge upon the

profession the employment of local rather than general anæsthesia, and in case the latter is resorted to, the use of tetrachloride of carbon and bichloride of methylin in preference to other agents. These unpleasant effects have, I fear, frequently rendered the attending physician guilty of inexcusable neglect in the non-administration of an anæsthetic to the woman in travail, and, I doubt not, too often caused the employment of that more dangerous drug chloroform, in general and minor surgery, and in dentistry, with a consequent loss of many valuable lives.

I had at first some little hesitation lest I might be presenting as new an idea that had already been tested by experiment. I thought that if the subject had ever been broached, Prof. C. E. Brown-Séquard, to whom is undoubtedly due all the credit of bringing the drug into popular use; Prof. Edward H. Clarke, of the chair of *Materia Medica* in the Harvard Medical School; Dr. James R. Nichols, from his extensive relations with the medical profession as a manufacturing chemist; or Prof. Austin Flint, Jr., so well known as a physiologist, would have heard of it. I accordingly wrote to the above-named gentlemen, and quote from their respective answers.

Prof. Brown-Séquard says:—"I do not know positively whether the bromide of potassium has or has not been employed against nausea. I do not think it has been used to that end, and I doubt that it would often prove efficacious."

It will be noticed that here the doubt is expressed as to its efficacy "against nausea." I do not claim that it will relieve the nausea dependent upon an irritation, mechanical or otherwise, *within* the stomach; but that, through its action upon the base of the brain, the posterior columns of the spinal cord and accessory nerves, it may control certain nauseas of the stomach arising from sympathy, as in the instance where ether is conveyed to the nervous system through the lungs. Whether it may, in the same manner, control reflex nausea in the case of sea-sickness or pregnancy, are questions yet to be solved.

[WHOLE No. 2087.]

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Prof. Clarke writes as follows:—"From the ascertained physiological action of the bromide on the brain, it would be fair to infer that it might control the nausea attendant on the inhalation of ether, but I am not aware that any one has yet used it for that purpose."

From the letter of Dr. James R. Nichols, I take this extract:—"I have never known of the bromide of potassium being used for the relief of the nausea attendant upon the inhalation of ether. I think that with our extended personal intercourse and correspondence with physicians in all sections, we should have learned of its employment for the purposes stated had it been so employed."

Prof. Flint very kindly looked the matter up, and writes:—"I have never heard of bromide of potassium as a remedy for the nausea consequent upon the administration of ether. I delayed a day or two in replying to your note, in order to make inquiries among those whom I thought would be likely to have heard of such a thing, if it was done in New York, but I have not seen any one who has ever used the remedy in question in such cases."

To fix my point certainly, I have carefully reviewed, so far as I have been able, the medical journals of this country, and the more prominent ones of Europe, and, though I find the drug frequently spoken of, and many hints thrown out as to its use and abuse, I have never, even in the exhaustive treatise of Dr. Fauntleroy, above mentioned, found any hint which would lead one to the use now indicated. In presenting the following cases, I have borne in mind the doubtfulness of statistics, a doubtfulness so plainly shown in the variance between the experience of Dr. Johnson, of Boston, lately reported in the *Boston Medical and Surgical Journal*,\* and my own. Dr. J. states that, in the past seven years, he has given it (the bromide) in more than a hundred cases, and in many (quoting cases) he has seen very peculiar results. In Prof. Storer's practice I have, within the past four months, been obliged to prescribe it for various symptoms attending uterine disease, such as insomnia, hysteria, epilepsy, and other forms of mental and nervous derangement, more than one hundred and fifty times, speaking within bounds, and with the single exception of the resulting acnoid eruption, which passes away voluntarily when the medicine is discontinued, I have been so fortunate as not to have seen any

ill result, while Dr. Johnson, in his smaller series of cases, reports having seen several. Dr. Storer has been led, by advice from Dr. Brown-Séquard, to exhibit it in larger doses than is ordinarily given; his ordinary prescription being potassii bromidi  $\mathfrak{z}\text{i}$ . in ch. No. xij., though in different cases the dose will vary from thirty to ninety grains. In case it is to be given after the use of ether, I would recommend the exhibition of either thirty or forty grains every thirty, forty-five or sixty minutes, as may be found advisable. It might seem that a remedy apparently so efficacious in checking the nausea, would act well as a prophylactic, and in one case I tried it with most pleasing results (or coincidence?). It has been my endeavor to have my patients as nearly resembling one another in hygienic condition as possible; always, when able, having ordered the patient to make the meal last preceding the etherization as light as possible, that the anæsthetic might be given upon an almost empty stomach. The operations have all been performed at about the same time of day, i. e. from 10 A.M., to 3 P.M. I have neglected to give the bromide, either as a prophylactic or remedy, in Dr. Storer's cases of section for ovarian tumor, or in other serious operations, since I have been with him, being unwilling to add to the already sufficiently great risks of the operation, those of the possible unfavorable symptoms resulting from the use of the drug, as described by Dr. Johnson, either of which might turn the scale against the patient. I am inclined to think, however, from the results of a somewhat extended series of experiments made with this drug by Dr. Storer upon himself, and communicated to me, that there is little or no risk of gastric, nervous or other irritation from its use, even in doses that might seem enormous, provided the bromide is exhibited in at least twice the amount of water required to dissolve it.

There are many points of value and interest which have arrested my attention in witnessing Dr. Storer's manner of exhibiting ether, and of preparing the patient for it, in his almost daily employment of anæsthesia for operations, and it seems to me that the general practice of surgeons could be radically changed for the better. I may at some future time speak of this point at length.

The following instances will be found illustrative of the effects I have described from the use of bromide of potassium. As will be perceived, they are not selected cases.

\* Loc. cit., January 16, 1868.

CASE I.—Wednesday, October 9th, 1867. Miss —, of Utica, N. Y., 21 years of age. Never taken ether. After applications of potassa fusa a year since, by a well-known surgeon, quite firm bands of adhesion had been formed from the anterior and left side of the cervix to the vaginal wall, which bands held the uterus in a lateral retroversion. To right the womb, and relieve the patient of the disagreeable symptoms usually attendant, Prof. Storer decided to sever these bands. Accordingly, I administered the ether in about fifteen minutes, and the operation was quickly performed, with Atlee's guarded knife. After the operation, Dr. Storer requested me to prescribe potassii bromidi  $\frac{3}{4}$ ss. in ch. No. vi., one powder to be taken hourly, commencing when there was sufficient reaction from the ether, with the hope of quieting her nervous, hysterical state. She took the first powder at 4 P.M. When I saw her in the evening, she had taken the six prescribed, and, to my surprise, told me that she had experienced no nausea since taking the first, and requested permission to drink a cup of tea. On seeing her the following morning with Prof. Storer, he connected the non-appearance of the almost invariable symptom with the exhibition of the drug, and advised me "to work up the point carefully, as it might prove of some importance."

CASE II.—Thursday, Oct. 10th. Mrs. —, of Cambridge, æt. 43. Never taken ether. Was very nervous, and usually easily nauseated. Ate a light breakfast. I occupied some fifteen minutes in the etherization. Prof. Storer then evacuated a large cyst of one of the labia. The cyst having been laid open by a free incision, its wall was dissected up, and the wound kept open by a cotton tent, with the hope of getting union from the bottom, and thus an obliteration of the sac. The ether was then removed, about forty-five minutes after its first inhalation, and the patient allowed to regain sensibility. In about half an hour, she had partially reacted, and though somewhat delirious, complained of great nausea and a desire to vomit. I gave thirty grains of the bromide dissolved in half a tumbler of water, and repeated the same in half an hour. I then left, with orders to give her two powders (ãã gr. xxx.) during the evening, with narcine gr.  $\frac{1}{4}$ . There was no vomiting, and no farther complaint of nausea.

CASE III.—Friday, Oct. 11th. Miss G., of Illinois, æt. 20. Never taken ether. Had eaten a hearty breakfast. Not easily nauseated. Extremely nervous. Etherization occupied ten minutes. Dr. Storer then removed

several fringes or outgrowths from the vulva, also two external hæmorrhoids, and ruptured the sphincter ani for the cure of a small fissure or linear ulcer. The ether was removed in about thirty minutes. Her uncle, a physician, being present, I requested him to give the bromide in thirty-grain doses hourly, three times. He kindly consented to do so, and, in answer to my inquiries that evening, reported that she had felt some nausea, but did not vomit.

CASE IV.—Friday, Oct. 18th. Mrs. L., Roxbury, æt. —. Had never taken ether. Ate a light breakfast. Very nervous. Etherized her thoroughly in twenty minutes. Prof. Storer performed hysterotomy for the relief of sterility. A flexible bougie having been left in the cervical canal and the vagina plugged, the ether was removed, and in half an hour thirty grains of the potassium administered, being repeated twice at intervals of forty-five minutes. The nausea, which was at first felt, was entirely relieved.

CASE V.—Friday, Oct. 25th. Mrs. P. A., of Brooklyn, N. Y. Had taken ether twice, each time with great hysteria, much nausea and vomiting. Etherization commenced at 11 A.M. She was rendered completely insensible in fifteen minutes. Prof. Storer then removed three large external hæmorrhoids by the *ecraseur*, and two or three smaller internal ones with scissors; also ruptured the sphincter ani, to prevent the great tenesmus usual after the operation, and the possibility of concealed hæmorrhage. She was kept fully etherized about an hour, during which time she vomited once. About twenty minutes after the removal of the ether, I gave her bromide of potassium, gr. xl., dissolved in about two ounces of water, and morph. sulph. gr.  $\frac{1}{4}$  every half hour, till sleep was finally attained after the exhibition of morphia gr. i. There was no vomiting, though slight nausea, after the exhibition of the potassium.

CASE VI.—Saturday, Oct. 26th.—Miss —, Northboro', æt. 28. Had never taken ether. Gave it at 10.15 A.M. She was completely under the anæsthetic in ten minutes. Dr. Storer then operated for sharp, double antelexion, by Emmet's method, slitting up the cervix posteriorly with scissors, and cutting the sharp flexion anteriorly with Emmet's universally jointed knife. The operation was completed, and the ether removed in thirty minutes. A few minutes afterwards, I gave the patient twenty grains of the bromide and left her. There was vomiting two or three times.

CASE VII.—Saturday, Oct. 26. Miss

Mary B—, Boston, æt. 40. Never taken ether. Eaten lightly. Very nervous. Ether given, and vulval fringes removed by Dr. Storer, to check the hemorrhage from which, one of Sims's glass dilators was introduced. Gave eighty grains in three hours. There was great nausea which was decidedly relieved, and no vomiting.

CASE VIII.—Tuesday, Nov. 5. Miss M. H., Chicago, æt. 22. Never taken ether; occupied twenty minutes in administering it. Prof. S. then incised an occluded hymen, for the purpose of making a vaginal examination, the patient having been unsuccessfully treated by general measures at the hands of other physicians. The ether was taken away at the expiration of thirty minutes. Freecemesis at once. As soon as she was able to swallow readily, forty grains of the bromide was given in an ounce of water, and immediately thrown from the stomach. In half an hour, forty-five grains were given in about two ounces of water, and rejected at once. In an hour, sixty grains were given in two ounces of water; this the stomach retained about fifteen minutes, and then threw up. The bromide was then discontinued, and the various ordinary remedies resorted to. Carbolic acid in two-drop doses (sat. sol.), pieces of ice by the mouth, ether by mouth in drachm doses, ice at the epigastrium and sacrum, and all without avail, the extreme nausea continuing till the next forenoon. A double rocker pessary (Hodge) was introduced for retroversion, and the patient, who had not left her room before for four months, with but two exceptions, walked with ease a half mile and back, passing three flights of hotel stairs, on the tenth day after the operation.

CASE IX.—Friday, Nov. 8th. Mrs. E. B., of North Adams, æt. 26. Had taken ether several times, with invariable emesis. Gave the ether at about 11 o'clock, A.M., occupying some fifteen minutes. Prof. Storer operated for vaginismus (Sims's operation) by a Y-shaped incision on the floor of the vagina. A large glass dilator was introduced, to prevent the severed nerves from re-uniting. On regaining sensibility, she vomited once. Gave thirty grains in half a tumbler of water, which was also rejected. Gave thirty grains in a tablespoonful of water, with two drops of creasote; this the stomach retained one hour and then rejected. I repeated the same in half an hour and the stomach retained it, though the patient slept but little through the night, and complained much of nausea.

CASE X.—Saturday, Nov. 9th. The same.

The removal of the dilator and its attempted replacement were attended with so much acute pain, that at the patient's earnest request I administered ether for the accomplishment of the latter. As soon as she could swallow easily, I gave sixty grains of the bromide, followed in an hour by thirty grains. No vomiting, but slight nausea.

CASE XI.—Sunday, Nov. 10th. Same. For replacement of the glass. Still very nervous. I occupied some thirty minutes in giving the ether. Gave ninety grains of bromide of potassium in divided doses, in three hours. Some nausea at first; no vomiting. The drug seemed to relieve the nausea quickly, and she ate a hearty dinner four hours afterwards.

CASE XII.—Monday, Nov. 11th. Same. The patient took voluntarily, without advice, one powder of thirty grains, some thirty minutes before taking the ether. Gave her thirty grains soon after removing the ether. No nausea.

CASE XIII.—Same. Had eaten a hearty meat dinner. I gave the ether some two hours after the meal. Gave ninety grains of the potassium, with narseine gr. i., in divided doses, in one hour and a half, and followed with narseine gr. ij. in ch. No. viij., one every half hour in a teaspoonful of water. No nausea, save very slightly at first.

CASE XIV.—Saturday, Nov. 16th. Same. Gave ninety grains of the bromide in three hours, with relief of the nausea; no vomiting.

CASE XV.—Thursday, Nov. 21st. Mrs. P., of Milford, æt. 30. Had taken ether before. Gave it in about ten minutes. Prof. S. opened and discharged a labial cyst of some twelve years standing, dissecting out the cyst wall and applying the actual cautery. Kept her under the ether half an hour. Vomited once, freely, during the operation. Gave thirty grains of the potassium in about two ounces of water. Repeated three times, at intervals of an hour. No more vomiting, and but slight nausea.

CASE XVI.—Monday, Nov. 25th. Mr. J., of Boston, æt. 18. Had never taken ether. Had eaten heartily about an hour and a half before coming to the office. I gave the ether in about twenty minutes, and then operated for phymosis, cutting with my "blind knife" the constricted bands of the prepuce, dividing through the mucous surface only, and leaving the integument entire. He vomited severely during the operation. Gave about fifty



grains of the bromide, with arrest of the vomiting, and, within an hour, of the nausea.

CASE XVII.—Thursday, Nov. 28th. Mr. T. C. S., of Boston, æt. 17. Never taken ether. Ate no breakfast. Gave ether in seventeen minutes. Cut down over the first metacarpal bone, and continued my incision subcutaneously over the surface of the trapezium, evacuating about half an ounce of laudable pus. Vomited freely during the operation. Gave thirty grains of the potassium, and repeated in half an hour. No more vomiting. Ate a hearty supper.

CASE XVIII.—Friday, Dec. 6th. (Case II.) Mrs. G., of Cambridge. Gave ether at 10.50, A.M., occupying about twenty minutes. Prof. Storer commenced the operation for artificial perinaeum at 11.50, performing it in a new manner, using no superficial stitches, but bringing the extremities of the wire trusses, to which his deep metallic sutures were applied, together in such a way as to closely approximate the lips of the wound. Vomited freely during the operation. Gave bromide in forty-grain doses half hourly, for three doses, and then hourly till six o'clock. Complained some of nausea, but no more vomiting.

CASE XIX.—Tuesday, Dec. 3d. Miss S., Boston, æt. 42. Had taken ether twice before, with great nausea attendant. Spurious anchylosis of right shoulder, dependent upon uterine disease. Occupied about twenty minutes in the etherization, and maintained its influence for half an hour. The shoulder was found to move very freely. As I removed the ether, there was free emesis. Had eaten a hearty breakfast. Gave forty grains in an ounce of water without relief; a second dose had the desired effect, and she rode home from the office in an hour and a half.

CASE XX.—Thursday, Dec. 12th. Miss —, of Montpelier, Vt., æt. 20. Had taken ether two or three times previously, with invariable emesis. She yielded to its influence in about fifteen minutes, and Prof. S. incised freely an occluded hymen. I maintained its influence about twenty minutes. Soon after reaction was established, I gave thirty grains, and repeated six times at intervals of half an hour. At first there was great nausea, no vomiting. The former yielded in about an hour and a half, and at 5 o'clock the patient ate a hearty dinner, retaining the same on the stomach without nausea. Took, voluntarily, thirty grains at 9 o'clock, and had a quiet night.

CASE XXI.—Thursday, Dec. 26th. Mrs. M., of New York. Gave the ether in ten minutes. Prof. S. removed some hemorrhoids, leaving one in the hope that the contraction following the operation might render its removal unnecessary. Removed the anæsthetic in ten minutes. Prescribed potass. bromide,  $\mathfrak{z}\text{ij}$ . in ch. No.  $\text{ijj}$ , one every half hour. Some nausea, no vomiting.

CASE XXII.—Friday, Dec. 20th. (Case XIX.) Miss S., of Boston. Gave the ether again, having Dr. Francis C. Ropes and Prof. J. G. Pinkham in consultation, with reference to the condition of the shoulder. Vomited while in profound anæsthesia; during the reaction, I gave ninety grains, in divided doses, within an hour and a half. No more emesis. Was able to ride home from office with comfort.

CASE XXIII.—Thursday, Dec. 26th. Mrs. F., of Taunton, æt. 56. Never taken ether. Had eaten a hearty dinner. Occupied twenty minutes in producing anæsthesia. Opened a whitlow on the last phalanx of the first digit. Gave thirty-grain doses every hour (150 grs.). Some slight nausea, no vomiting.

CASE XXIV.—Monday, Dec. 30th. Mrs. D., of New Bedford, æt. 45. Never taken ether. Was etherized in ten minutes. Prof. Storer removed some hemorrhoids, rupturing the sphincter ani, and applied ferri perchl. Ordered pot. br.  $\mathfrak{z}\text{i}$ . in ch. No.  $\text{xij}$ . One powder every half hour till the stomach became quiet. Called again in the evening, and found that she had taken two of the powders, but disliking their taste had discontinued them. No vomiting, though some nausea.

CASE XXV.—Monday, Dec. 30th. (Case XXIII.) Mrs. F., of Taunton. Gave ether in about fifteen minutes, and removed a small portion of the last phalanx of thumb, which was slightly carious, and with a tenotomy knife extended my former incision subcutaneously to the palmar fascia. Also incised by the side of the nail, hoping thereby to save its matrix. She came out of the ether with considerable hysteria, and at first refused to take the medicine. In the course of half an hour, I had persuaded her to take forty grains dissolved in half a cup of water, and repeated in half an hour. Here the bromide acted as a very powerful sedative, the patient falling asleep immediately after the last dose, and sleeping quietly for more than four hours, waking up as though from a natural sleep, with none of the disagreeable effects of the ether, save its taste, which remained in the

mouth. I gave, with a lemon, two drops of a saturated solution of carbolic acid, with the effect of relieving the taste. Took a light supper of tea and toast, and one more powder (40 grs.) on retiring. Slept quietly. In the night, awoke with a feeling of weight at the epigastrium and nausea. Voluntarily took one powder, and at 10 ate a light breakfast (in bed). At 2, P.M., ate quite a hearty dinner.

CASE XXVI.—Sunday, Jan. 12th, 1868. Mrs. S. P. A., of Brookline, æt. 29. Never taken ether. Ate a good breakfast, not expecting the operation. Occupied about fifteen minutes in giving the ether. Prof. Storer then removed a small fibroid tumor from the anterior wall of the cervix, and applied both ferri perchl. and the actual cautery. I then packed the vagina, and ordered potassii bromidi ʒi. in ch. No. x. Three powders to be taken in an hour and a half, and one every half hour afterward, if required. Before the administration of the drug, there was much nausea and vomiting, which the first powder seemed to allay. Ate a light supper, and slept quietly.

CASE XXVII.—Thursday, January 16th. (Case XXI.) Mrs. M., of New York. Very hysterical. Occupied some fifteen minutes in giving the ether. Prof. Storer removed a hæmorrhoid which he had allowed to remain at a former operation, but which was now occasioning discomfort. She vomited during the operation. I gave her forty-five grains of the bromide in a sherry-glass of water, and in a few minutes, to use her own expression, she "felt much easier."

CASE XXVIII.—Saturday, January 25th. Mrs. C. F. N., æt. —. Had taken ether several times. Was very nervous and hysterical. Occupied some fifteen minutes in etherizing her. Dr. Storer removed some outgrowths around the urethra and vulva, and several hæmorrhoids, and ruptured the sphincter ani. She came out of the ether very slowly, with great nausea and vomiting. Took ninety grains in an hour, with decided relief.

CASE XXIX.—Thursday, January 30th. Mrs. Anna W., of Roxbury. Had taken ether several times. Gave it in about fifteen minutes. Dr. Storer then removed some metallic wires which were purposely left after an operation a year since, for ruptured perineum, to act as splints. On sufficient reaction, she took forty grains of the bromide, with a cessation of the nausea. By accident, she was overlooked, and in about two hours the nausea returned so severely that she vomited twice. A second dose of forty grains quieted the

stomach, and a third dose brought a quiet sleep.

CASE XXX.—Sunday, Feb. 2d. Miss Kate W., of Chelsea. Had taken ether and chloroform, equal parts, once. Gave the ether in twenty minutes, and without occasioning hysteria. Prof. Storer removed some irritable fringes from the vulva. Removed the ether in twenty minutes. Some vomiting while in profound anæsthesia. Bromide of potassium, thirty grains, seemed to quiet the nausea without a repetition of the dose.

The drug which we have been considering is of such universal interest, that I believe there are many who would like to review such articles as have been written upon it. I here append a list of those articles and notices that I have found most valuable, viz.:—London Lancet, Jan. 23, 1860, May 28, 1864; Le Mouvement Médicale, Paris, Août, 1867; Journal de Med. Mentale, Paris, No. 5, Juin, 1867; Revue de Thérapeutique Med. et Chir., Paris, Juin 15, 1867; Bulletin de Thérapeutique, Août, 1866; Comptes Rendus, Ans 65-67; Pereira's Materia Medica and Therapeutics, 1852. American Journal of the Medical Sciences, January, 1855; April, 1855; January, 1867; July, 1867; October, 1867.

## Hospital Reports.

### BOSTON DISPENSARY.

Surgical Cases at the Office of the Boston Dispensary, by FRANCIS H. BROWN, M.D., one of the Attending Surgeons.

THE Seventy-first Annual Report of the Boston Dispensary which has recently appeared, has called attention once more to this long and well known institution—a charity well known not only as numbering among its working men for the past seventy-one years very many of New England's distinguished physicians, but as having furnished, in a quiet way, to thousands and hundreds of thousands of the worthy poor of our community the medical aid which their poverty forbids them to seek elsewhere. The fact that, in the year ending October 1st, 1867, nearly twenty-four thousand persons received assistance through the instrumentality of the Dispensary, is suggestive of the amount of good which it is yearly conferring on the poor, a benefit which the officers of the institution are constantly regretting cannot, on account of the limited means at their command, be more widely extended. The Dispensary

is constantly feeling its poverty when the medical officers in attendance are obliged to forego the advantage they know the patient would receive from an occasional warm bath; when obliged to advise a patient to obtain a truss or other apparatus, knowing his inability to pay for it; when, notwithstanding the generous and skilful care offered at the hospitals, of our city, they feel the want of a few beds in their own house and *at their own disposal* for acute cases or those just operated on—and so in a score of ways, one of our really valuable charities is trammelled.

It is not alone in the way of rendering medical and surgical aid that the Dispensary is doing good. The numbers of students who, several times in each week, come to the central office, are a proof that those just entering the profession are not only desirous of seeing the larger and perhaps more brilliant work of the hospitals, but of profiting by the minor cases which will soon be to them their *every day* work.

For the period between December 26th, 1867, and February 1st, 1868, five hundred and thirty-six new patients were treated in the surgical department of the central office, thirty-six of which were ophthalmic cases, and were cared for by Dr. Wadsworth. Of the remainder many presented, in one way or another, interesting points.

There were sixteen fractures of bones; viz.—nasal bones, one; clavicle, two; at elbow, three; radius, five (Colles's fracture, four—Barton's, one); metacarpal bones, five. The result in all these cases was excellent. The fractures of the radius were treated by the common straight splints alone, and in every case union took place with but little apparent deformity. Eight cases of cervical abscess and fifteen cases of paronychia came under treatment. The latter were generally treated by early and very free incisions, with the success which usually attends such a method. Thirty-two cases of disease of the ear were seen, most of which, by appropriate treatment, received more or less benefit, while some remain under care.

Two cases of the somewhat infrequent inflammation of the sheath of the tendons, which M. Nélaton describes under the name *crépitation douloureuse des tendons*,\* presented themselves, with the *crépitation* finely marked.

The following cases are briefly reported:—H. McD., female, eight years old, was brought to the office by her mother, with

complaint of lameness. She had a light skin, reddish hair, and other marks of a strumous diathesis. She had never received any injury to the limb, or had at any time fallen, neither had she at any time had any acute symptoms. The mother had first noticed the halt in her gait on the right side some months before; it had gradually increased to the present time. She had experienced no pain in the limb, and only presented herself to be relieved of an inconvenience and a deformity. On careful examination of the hip I found the head of the bone in its normal place in the acetabulum, and moving smoothly and without pain. The usual methods of ascertaining inflammatory disease of the hip-joint did not elicit any pain. The pelvis was tilted as a means of compensation to make the foot reach the ground, but on causing the patient to lie down and restoring the natural level, the distortion of the nates and of the groin consequent on the tilting disappeared. On examining the shaft of the femur and the lower extremity no callus could be felt, which would point to any injury of the bone; the shaft was, however, considerably smaller than its fellow. The articulation at the knee appeared normal. On carefully measuring, however, from the greater trochanter to the knee-joint, a shortening of two inches was found in the shaft of the bone, thus showing a uni-lateral arrest of development in the shaft of the femur—or rather, adopting the term employed by Paget, simply arrest of growth.

Two cases of dislocation of the humerus were interesting as being unusually difficult of diagnosis—indeed they were both brought in by District Physicians for consultation. B. B., male, forty-two years old, had fallen from a height of three or four feet some days before, and had brought the top of his right shoulder violently in contact with a wall. He had been unable to use his arm from that time, was unable to raise it, though he could approximate the elbow to the side; had no pain. He had applied to an irregular physician, who told him he had broken one of the “strings” of the shoulder. When he reached the Dispensary the oedema about the shoulder was so enormous that the usual signs of dislocation were unavailing; the depression beneath the acromion process could not be made out, nor the head of the bone in the axilla—however, on raising the elbow to a level with the shoulder, and passing the hand firmly along the humerus toward the articulation, it “brought up” against the glenoid cavity

\* *Eléments de Pathologie Chirurgicale*, par A. Nélaton. Paris, 1868.

and the acromion process, and, moreover, the elevation of the arm took the head of the bone from the axillary plexus of nerves and removed the uncomfortable sensation the patient had experienced in the hand. With the heel in the axilla, the bone was very easily restored to its place.

A woman, about thirty-five years old, was brought in, who, five weeks before, had fallen and received a violent blow on her left shoulder. A slight depression existed under the acromion; the head of the bone was not felt in the axilla. No sign of fracture about the joint appeared—union might, however, have taken place and so masked the diagnosis. On raising the arm I got the same indication as in the previous case, and on adopting the same treatment, notwithstanding the long continued dislocation, the head of the bone returned to its place with a snap, and the shoulder regained its normal contour.

These cases are interesting in connection with those reported by Dr. Ropes in the *Journal* of the 6th February. In the second case especially, I was at first puzzled by a considerable atrophy of the deltoid, caused, as Dr. Ropes suggests, by the stretching of the muscle and consequent injury to those branches of the circumflex nerve which supply the deltoid. I have constantly noticed the temporary paralysis of this nerve in injuries to the shoulder consequent on a blow—a condition to a certain extent negating a symptom sometimes mentioned as diagnostic of dislocation, the inability to raise the injured arm.

#### BOSTON CITY HOSPITAL.

Reported by O. F. WADSWORTH, M.D.

##### CASE I.—*Inflammation of the Globe of the Eye and Ocular Capsule, following Accouchement.* (Service of Dr. WILLIAMS.)

Mrs. —, aged 30 years, was attacked, two weeks after confinement, with intense pain in and about the left eye, accompanied by much tumefaction of the tissues of the orbit and lids. When first seen, about a fortnight later, the pain and swelling were in part relieved, but the effect of the previous distention was still evident in the flabby condition of the skin of the lids. The conjunctiva was thickened and highly vascular, pouring forth an abundant mucopurulent secretion, and between the insertions of the external and inferior recti muscles a purulent secretion existed under the conjunctiva, which had probably made its way forward from the posterior part of the

fibrous capsule in which the eye revolves. Vision was entirely extinct. The interior of the globe showed deep-seated opacity, resembling that sometimes observed in cases of cerebro-spinal meningitis, and this opacity, seemingly due to an effusion of morbid products upon the choroid and retina, extruded itself through the vitreous nearly to the lens, and along the posterior surface of the iris to the pupillary margin, causing adhesions to the anterior surface of the crystalline. She gave no very distinct account of the treatment which had been followed. Only palliative treatment could now be of any avail.

CASE II.—*Traumatic Injury of Right Eye with continued presence of a Foreign Body.* (Service of Dr. WILLIAMS.) —, a boy of 16, was struck in the right eye by a piece of percussion cap six years since, but, except very transient symptoms soon after the injury, the eye has remained quiet.

On examination, the iris is tremulous, the lens having evidently been absorbed, and only the capsule remains behind the field of the pupil. In addition to the scar in the cornea, there is a ragged hole in the iris, and another behind this in the capsule, indicating the course taken by the projectile. Pressure upon the upper part of the globe causes pain, and it is probable that the foreign body, which has evidently penetrated to the fundus, is lodged in this vicinity. Vision is limited to a perception of colors. No operation is advised while the globe remains free from active symptoms.

The first of these cases is a good example of the suppurative choroiditis, or panophthalmitis, which not infrequently occurs in pyæmia, cerebro-spinal meningitis, puerperal and other malignant fevers. Although, owing to the late date at which the patient was seen, retrogression of the disease having already commenced, all the symptoms of its access are not given, yet we have the most important and most constant symptoms here, viz., the pain in and about the eye, the swelling of the lids and orbital tissues, iritis and posterior synechia, and the early loss of sight, with yellowish reflex at the bottom of the eye. The increased tension of the eyeball which accompanies the suppurative inflammation at first, whether the pus is within the globe or in the capsule, had here disappeared, owing to the escape of a portion of the pus.

Prof. Knapp, of Heidelberg, gives, in the *Archiv für Ophthalmologie*, Bd. xiii. Abt. i., a report of three eyes affected with this disease, coming on during puerperal fever,

where the death of the two patients to whom the eyes belonged gave opportunity for accurate examination of their condition. In both these cases there were thrombi in some of the vessels, and metastatic deposits in various parts of the body. Prof. Knapp considers that the affection of the eye in these cases was excited by embolia in the capillaries of the choroid. Other authorities believe also in the propagation of inflammation of the meninges of the brain along the sheath of the optic nerve. In none of Prof. Knapp's cases was the cornea involved, while in one or more of them all the other tissues of the eye shared in the purulent degeneration. In all, the choroid, as was to be expected from its great vascularity, was most involved; pus was found in all the layers of the retina; it was separated from the choroid and pushed forward, and in one eye formation of pus had commenced in the fibres of the crystalline lens. In only one of these eyes was there perforation, and escape of part of its contents, and in that one the perforation was through the sclerotic behind its equator; at the time of escape of the pus from the eye, the opening through which it came was not discovered, and only at the autopsy was it found. The escape of the cornea from injury in this disease must, however, be considered as contrary to the rule when the inflammatory action proceeds so far as to cause perforation of the globe, the pus generally finding its way through it instead of the sclerotic.

The second case is interesting as showing the possible toleration by the eye of the presence of a foreign body for a long time. Wecker reported a case in the *Gazette des Hôpitaux*, Aug. 7th, 1866, in which a piece of stone remained sticking in the anterior capsule of the lens for fourteen years without giving rise to farther trouble than partial loss of sight; a portion of the lens even remained transparent. A case occurred, also, recently in Dr. Williams's practice, in which a piece of steel having entered the eye, gave rise to no disturbance for fifteen years, but at the end of that time excited inflammation of one eye and sympathetic ophthalmia of the other, only relieved by enucleation of the injured eye and removal of the cause. This last case shows that though a foreign body may remain in the eye for a series of years without exciting inflammation, we are never safe in predicting the continuance of quiet; a cause being always present, inflammation of the injured eye and sympathetic ophthalmia of its fellow may occur at any period, however remote,

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and we should warn the patient to be always on the watch for the first symptoms of any disturbance.

Operations for the Month of January. Service of Dr. WILLIAMS. Reported by M. F. GAVIN, M.D.

1. *Cataract (Hard) Right and Left Eye.*—S. M. K., aged 74 years, single, born in Maine, entered the Hospital Jan. 4th, 1868. No hereditary tendency to cataract. Can distinguish light, but no more. Eyes appear healthy, with exception of lenses, which are of a dark amber hue. Pupils dilate with atropia.

Jan. 4th.—*Operation.* Etherized; downward section; capsule divided, and lenses removed without complication, leaving pupils free from all obstruction. Fine suture was used to bring edges of corneal wound in apposition. Compressive bandage.

11th. Left wound shows more inclination to unite; haziness about the same; suture removed.

14th. Patient began to show decided symptoms of debility, and requested to be allowed to go to her friends in Boston when she could return as out-patient. Was discharged, with the following record. Right pupil filled with yellowish deposit, but iris looking well in both eyes; vision not tested.

2. *Hard Cataract of Right Eye.*—Clara C. P., married, aged 54 years, born in New Hampshire. No inherited tendency to cataract. This patient entered the Hospital in June, 1867, when the left eye was operated upon for cataract successfully.

Jan. 7th.—*Operation.* Patient being etherized, a downward section was made. The edges of corneal wound were brought into apposition by a fine silk suture. Compressive bandage. Opiates *p. r. n.* Seventy-two hours after the operation the wound had united; the anterior chamber was re-established; vision good, and no constitutional disturbance. After the third day patient was allowed to sit up. Suture was removed on the sixth day. Patient continued to improve, and left the Hospital Jan. 19th, reading fine print with  $+\frac{1}{2}$ .

3. *Soft Cataract.*—J. S., aged 37, machinist; entered the Hospital January 10th, 1868. Thirty years ago lost sight of left eye from an injury, followed by atrophy of globe. Has never had pain or redness in right eye, and sight always good until 28 months since, when he received a blow from a piece of iron. The iron probably lodged in the cornea, from which it was soon after removed. Very soon after this, he began to have pain and diminution of

sight, which has steadily grown worse. At times the pain and loss of sight much worse than others. Eighteen months ago iridectomy was performed with only temporary relief. Since operation diminution in vision has grown more marked and less variable, to be accounted for by the increasing opacity of the lens. Since ten days sight has very rapidly grown worse. Tension of globe normal; no pain or injection, iris looks well, except occasional bands of lymph at pupillary margin. Patient requested an operation, although informed that its success was doubtful.

Jan. 10th.—*Operation.* Etherized; upward section performed; when the capsule was divided the greater portion of the lenticular substance escaped into the anterior chamber as a milky fluid; the nucleus was removed with scoop, leaving pupil free from obstruction. Compressive bandage. Very little pain or injection followed the operation; some intolerance of light remained for fourteen days. Third day after operation, with aid of  $+2\frac{1}{2}$  could tell the time by a watch. On the 25th January, when patient was allowed to go home, he could read a newspaper with  $+2\frac{1}{2}$ .

4. *Hard Cataract of Right Eye.*—P. C., aged 61 years, born in Maine; entered Hospital January 31st. No hereditary tendency to cataract. Can distinguish light. Right eye healthy, except lens, which has lost its transparency and has a chalky look in the centre of its anterior layers. Left, same changes, but in a less marked degree.

Jan. 31st.—*Operation.* Patient etherized, and downward section performed. Fine suture to bring edges of wound together. Compressive bandage. Third day following operation the wound was well united, the anterior chamber re-established, and he was sitting up free from pain and constitutional disturbance. He left Hospital fifteen days after entrance. A portion of opaque capsule still stretched across lower edge of pupil, but was growing less in size; vision good. Can read print with  $+2\frac{1}{2}$ .

Six cases of convergent strabismus were operated on. In three of the cases vision was materially impaired. In one case the contracted muscle was divided a second time.

Five cases of encysted tumor of the lid. Removed by a careful dissection.

M. LEBERT, in a paper sent to the Académie de Médecine, concludes that stricture at the origin of the pulmonary artery tends to produce tuberculosis.

## Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.  
CHARLES D. HOMANS, M.D., SECRETARY.

Nov. 25.—*Operation for Removal of Large Fibrous Tumor of the Uterus.*—Dr. MINOT reported the case.

Mary C., 40 years old, single, a domestic, was suddenly seized, without known cause, Oct. 24th, 1866, with profuse uterine hæmorrhage. The amount lost was estimated by her at a "pailful," and although the expression was, of course, exaggerated, yet, judging from the exhausted condition of the patient, who was almost in a state of syncope when I reached her, soon after the occurrence of the bleeding, and from the quantity of blood contained in two chamber vessels, and on the clothing, the sheets and the floor, it must have been very great. She stated that she had been unable to pass any water for nearly twenty-four hours, never having had any difficulty of this kind previously. On making a vaginal examination I at once found a solid tumor, occupying the upper part of the vagina, about as big as a goose's egg, which, probably, pressing on the urethra had obstructed the flow of urine. A large quantity of water having been drawn off by the catheter, the tumor was carefully examined. From its shape and size it was at first supposed to be a polypus which had been nearly expelled from the uterus, but on carrying the finger upward towards the supposed situation of the os, none was to be found. The whole surface of the tumor was quite smooth, and it was only after careful search that a small tubercle was found, with a minute opening, into which the finger was gradually insinuated, and then carried freely in every direction between the tumor and the cervix, showing that the latter was expanded over the former, and that no adhesions existed between them. Nothing like a stalk could be felt, and the tumor seemed to be larger above than below. The enlarged uterus could be felt projecting considerably above the pubes, and the whole mass could be pushed upwards by the finger.

The patient stated that her general health had been good, but that for many years the menstruation had been profuse. For the last five years she had flowed excessively, especially in the spring and fall, sometimes losing a pint (she thought) at a time. The last spring she lost much more than usual from this cause, and since then she was quite pale and waxy-looking. During the



summer she underwent a great deal of fatigue, and was up much at night, taking care of a fellow-servant who was sick. Her health had failed much since that time, though she was still attending to her duties as cook. It was evident that she could not survive many repetitions of the bleeding, and I advised that an attempt should be made to remove the tumor, to which she consented.

Oct. 29th, 1866, the patient was etherized, placed on her back across a bed, and drawn down to the edge. Her legs and thighs were strongly flexed, and supported by Messrs. (now Drs.) Wm. L. Richardson and Henry Tuck, house pupils in the Massachusetts General Hospital. The os uteri was opened on each side with scissors, and the tumor was seized with strong double hooks, and drawn down. It was found to be much larger above than below. No pedicle could be felt, and there were many adhesions between the mass and the walls of the uterus. A portion as large as the fist was cut off with long curved scissors and removed. Owing to the situation of the remainder in the upper part of the pelvis, and to its firm adherence to the uterus, it was found impossible to remove it entire; portions were successively torn off, and the remainder was lacerated as extensively as possible with the scissors. The operation lasted two hours. The amount of blood lost was not more than half a pint. The patient was much exhausted, but rallied, and was comfortable the next morning. For several days she had a profuse fetid discharge, with small shreds, and masses of considerable size were removed from the vagina with dressing forceps. Nov. 14th (sixteen days after the operation), a large mass escaped from the vagina while the patient was straining at stool. Unfortunately it was so offensive that it was thrown away before I had an opportunity of seeing it. It was said to be about six inches long. From this time all offensive discharge ceased. Convalescence was retarded by a severe cold which the patient took, but she began to walk out, Nov. 21st, and soon resumed her duties as a cook. I saw her Oct. 28th, 1867 (a year after the operation), when she was perfectly well, and strong, and had gained much flesh. There has been no hæmorrhage since the operation, and the catamenia had apparently ceased. As the tumor was removed piece-meal, it is difficult to estimate its weight, but judging from its size before the operation, I think it may have weighed two or three pounds. Its character was that of the ordinary fibrous tumor of the womb.

## Bibliographical Notices.

*Mémoire sur l'Acclimatement des Races en Amérique.* Par M. A. CARLIER, Membre de la Société d'Anthropologie de Paris. Paris: 1867.

THIS memoir was read before the Paris Anthropological Society, by the author, during the winter of 1864-65, and as it relates to one of the subjects proposed by the Boylston Prize Committee, we here give Mr. Carlier's conclusions.

1st. In regard to the white race, there is no doubt of the regular acclimation of Europeans upon the soil of North America, excepting always the unhealthy regions. But the ratio of natural increase of the population appears to be diminishing, in comparison with the earlier periods of the American Union. However, as long as the civil condition of the inhabitants is not determined in a regular manner, by means of compulsory registration, the progressive ratio of population can only be matter of conjecture.

2d. In regard to the blacks, there are distinctions to be made. In the United States, the natural increase of the free blacks seems to be relatively gradually declining, without our being able to say anything positively in reference to it.

We have nothing definite in regard to the increase of the population of Brazil or Cuba.

As to slaves, they are perfectly acclimated in the southern United States, and their number increases considerably, stimulated by a sordid avarice as well as by their amalgamation with the whites. But the ratio of this increase for the former as well as for the latter tends to diminish, as well as we can conjecture in the absence of civil registers which are the only true bases for conclusion.

Nothing can be positively stated in regard to the power of reproduction and acclimation of the mulattoes; isolated observations would seem to show that those born at the South, of white fathers who are thoroughly acclimated, have a more vigorous organization than those at the north of an Anglo-Saxon father.

The slaves of Brazil and Cuba are not acclimated, not from any appreciable climatic cause, but from their severe treatment, which exhausts their force prematurely, and checks their reproduction.

Comparing finally the races with each other, we find that the Almical ele-

ments, as little dissimilar as they may be, yet have an energy of resistance very unfavorable to their assimilation, especially the Anglo-Saxon element; and that the white race as a whole, by its repugnance to amalgamation with the colored, seems destined to at once stamp out and destroy all those, which, voluntarily or not, may be placed in great masses in immediate contact with it.

These conclusions Mr. Carlier, in a note to this memoir dated Aug. 1867, still adheres to. It has seemed to us, in carefully reading this paper, that the talented and observing author has not, as in his former writings, quite kept pace with the progress and the change of ideas in the United States both north and south since the suppression of the rebellion, and which another visit to our country would perhaps convince him of. Mr. Carlier has published three works in relation to America, namely, "Marriage in the United States," "Slavery in relation to the American Union," and, "History of the American People—the United States and their relations with the Indians from the Foundation of the English Colonies to the Revolution of 1776."

The first of these excited sufficient interest to be translated here last year. J.

We quote from the London *Lancet* of January 4th, 1868, the following account of modern French practice:—

"At the Hôtel Dieu, I had the pleasure of seeing a recent fracture of the leg put up in the manner of my earliest student days, but which I had not seen for the last twenty years. The leg was held straight upon a stout web, and a very thick pad four inches long was placed under the heel so as to elevate the lower fragment. Compresses of soft linen, well wetted with spirit lotion, were laid lengthwise on the front of the leg, supported by a many-tailed bandage. Finally, large cushions were placed at the sides, and upon them long wooden splints, which were kept in place by straps. There was no back-splint, nor any foot-board. The plan has the disadvantage of not permitting of easy examination of the fragments, but in other respects I do not know but what it is as good as those which, with us, have entirely superseded it."

DR. BROWN-SÉQUARD.—At a recent meeting of the Académie de Médecine, Dr. Brown-Séquard was elected a Foreign Corresponding Member.

## Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 27, 1868.

### THE PRESENT POSITION OF THE MEDICAL PROFESSION.

WERE a physician of the past generation, a Doctor of the old school, to return now among us, he would see great improvements and advances in science, but he would see something else besides.

While admiring the infliction of cruel wounds without pain, the revelations of the microscope, the stethoscope, the ophthalmoscope and the laryngoscope, he might look with incredulity on our expectant treatment of disease, and our simplification of pharmacy and therapeutics. But this would not be all. For he would see, also, a change in the public *status*, the manners and customs of our profession, which would awaken feelings the reverse of approval or respect. Such a change is not too recent to be observable to the older physicians of our generation; nor too ancient to be unknown to the youngest tyro in medicine.

The position which the medical profession of our country occupies to-day in the eyes of the public is far inferior to, and less assured than, what it was fifty years ago. The Doctor of former days was a power in the community. His opinions were indisputable; his *dicta* were laws. To doubt his knowledge, to disbelieve his statements, or to disobey his injunctions were heresies unknown. His very title smacked of learning and authority. A doctor, or teacher, in medicine, he was to all, as his name implied. Once established, by the slow and regular law of succession, in practice in the place of his choice, there he remained, a useful and a much used fixture, until he died. No one thought of changing his family physician any more than he would change his church. No one thought of doubting his doctor any more than he would doubt his creed.

How absolutely changed is all this now! Greedy quacks, tricky hospital stewards home from the war, professors with no profession save plunder, peripatetic panderers to the vilest passions, violators of the Hip-

poetric oath, patent medicine puffers with lying clerical certificates, nostrum venders, the sole value of whose preparations is the proprietary stamp which they bear, poisoners of infancy under the guise of venerable Nurses and Mothers' Guides, divide the field with the learned Pathist, whose pathy is a non-entity, and the latest Teutonic importation of mysticism and emptiness. Nor is this the worst. For in the eyes of a great part of the community they stand on the same level with the regular profession. One doctor is as good as another; and he who pleases may assume the title, with little study, or with none at all. Neither can we wonder much that this is so, since the public have no data on which to base their judgment.

The changes which we have indicated above are analogous to those which followed, though with far different results, the discovery of printing in the middle ages. Before that discovery, all knowledge was locked up in the clergy. They alone held the key of learning. With that discovery and its application, learning became diffused and common to all. This change was accompanied with the most beneficial results to the world; since the knowledge thus acquired was of a kind that all men could become proficient in, and all use to their advantage. Such is far from being the case with a knowledge of medicine. None but those who make it the business of their lives can master so vast a field of theories and facts, of empiricism and science. All others who acquire a popular knowledge of medicine are sciolists; smatterers in a learning which they can turn to no profit, but to great harm to themselves and others. Over-confident, because partially taught, the popular physiologists, hygienic professors and domestic doctors become a bane to the community whom they aspire to direct and heal.

It has been a very favorite idea with modern radical reformers that all knowledge, even of the most private nature, should be freely imparted to both sexes. No greater abuse of the real uses of knowledge ever existed, and no greater mistake was ever made. In such matters, "ignorance is bliss" indeed, compared to the

baleful effects of knowledge undirected by professional study. Private lectures and secret advice, popular physiology and anatomy, given and taught the young of 'of both sexes, have debauched their imaginations, without moulding the will to self-government, or instructing the mind in real knowledge.

From such false teaching come the scores of youth, the imaginary victims of secret infirmities, who fall a prey to quacks. By partaking of such unwholesome fruit from the tree of knowledge, young women familiarize themselves with facts which breed something worse than contempt, and which lead them to be mothers only in name.

Who has not been shocked, of late years, to hear the technical phrases of medicine used by unblushing female lips to describe privacies and maladies which were formerly covered by modest women under the veil of the most delicate paraphrases?

From knowing all to doing all, the step is short. The descent is easy from the popular lecture on physiology to the employment, first of natural, and anon of unnatural and violent means, to accomplish desires, or to obviate results.

While such have been the effects of popular medical teaching in one direction, in others they have led to yet wider evils, in destroying the confidence of the public in regular physicians and in establishing and sustaining every form of quackery and delusion.

Even the simulated therapeutic agencies of another world have been summoned to heal the sick through the medium of the most vulgar and and ignorant pretenders.

What cause for surprise then, that blinded by pseudo-sciences founded on baseless abstractions, confused by a few rays of knowledge discolored by interested teachers, and deluded by miraculous agencies and cures assumed by charlatans, the poor public has lost its calmer judgment, and can no longer distinguish between truth and humbug; between a rational knowledge based on long study and observation, and unmitigated knavery under the guise of popular science.

Such being unfortunately the present as-

pect of affairs in our profession, can any remedy be found?

To seek the cause points the remedy; and the cause, unfortunately, can be found, in great part, in ourselves; in our own negligence; in our indifference to abuses which have crept in gradually among us; and in the low standard of medical education which the competition of starveling and rival schools has fostered in this country. A diminished faith in the efficacy of drugs, which has led to the expectant system of medicine, has been held up by some of our own teachers, to the world, as a reason for distrusting all medical treatment. On the other hand, an overweening confidence in and rash use of potent remedies, has been followed by the reaction of infinitesimal doses, in the public mind.

Too great laxity has been allowed to charlatans from among our own ranks, who have been permitted to remain under the shadow of that authority and respect which companionship in good society secures. So many physicians have been turned loose to prey on the public, also, with a mere smattering of medical knowledge, that they have necessarily lowered our standing in the community. Add to all this that transitional state which society has undergone in this country during the last half century, and we have said enough.

So far as a remedy can now avail, it rests mainly with ourselves.

To close our ranks firmly against pretenders; to practise, as we believe, with a rational faith in our art; and, above all, to steadily raise the standard of medical education, are the only ways to recover the position which our fathers held, and which we should retain.

**MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY.**—We desire to call the attention of the profession and of the community to the claims of the Massachusetts Medical Benevolent Society to their coöperation and aid. Its object, the relief, not of its own members only, but of any worthy physicians or their families who may be in distress through illness or misfortune, should commend it to the favor of every medical practitioner, and its small annual assessment

places it within the means of all to contribute to its usefulness by enrolling themselves in its ranks. Founded some ten years since, it has already become a flourishing institution of charity, having in its treasury an accumulated fund of between six and seven thousand dollars; and its benefactions have gladdened the hearts of families deprived of their natural protectors, and of physicians stricken down by disease or disabled by the infirmities of extreme age. Thus far, all its beneficiaries have been those who have never been connected with the Society except as objects of its relief.

This unostentatious organization for benevolent purposes is well worthy the remembrance of that class of our fellow citizens whose liberality has so often been shown in bequests for charitable objects; especially of those who appreciate how much the rich as well as poor are indebted to the self-sacrificing efforts of medical men.

**STATE LUNATIC HOSPITAL AT TAUNTON.**—From the Report of Dr. Geo. C. S. Choate, the superintendent, we learn that 265 patients have been admitted during the year, a greater number than in any year since the opening of the hospital; 184 have been discharged, 39 died, 7 eloped. Of those discharged 90 had recovered, 32 improved, and 62 had not improved; patients remaining in the hospital Sept. 30, 1867, 376, being 35 more than at the end of the previous year. The average number in hospital during the year was 379. As regards the relative recoveries of male and female patients, Dr. Choate says,—

The proportion of recoveries is somewhat larger among males than among females; the former exceeding the latter about seven per cent. This has been erroneously attributed to want of a proper knowledge on the part of the medical officers of asylums of the nature and treatment of the diseases peculiar to the female sex. The true cause of the difference, however, which is not very marked, is to be found in the different proportion of the mental and physical causes of the diseases in the two sexes. In the males, the physical causes, intemperance, excess, accidents and exposures, predominate. These are most amenable to treatment, and offer the most promising prospects of removal and cure. In females,

the mental causes, disappointments, religious excitements, losses of friends, and wounds of the affections and sensibilities are in excess; and these are too often beyond the reach of medical skill. They are deeper and more obscure; less easily discovered and understood, and when found, are situated where the remedy, if known, is less easy of application.

The ratio of recoveries since the hospital has been in operation, fourteen years, is given as about 43 per cent.

**CHRONIC METRITIS.—PROFESSOR SCANZONI'S TREATMENT.**—Prof. Scanzoni, of Wurtzburg, has never obtained any good effects from anything but the iodide of potassium, and the iodo-chloride of mercury in direct application to the uterine and vaginal mucous membranes.

He uses, for instance, a liniment containing one drachm of iodide of potassium to one ounce of glycerine, and places every night in the vagina a sponge impregnated with this fluid. The sponge is removed in the morning. This, he says, is the only method of iodine dressing which has ever been found capable of reducing in the course of two or three weeks the size and induration of the inferior segment of the womb, and is infinitely preferable to the application of tincture of iodine and of iodized liniments to the inguinal regions.

Scanzoni has more recently had recourse in the same manner to the introduction into the vagina of the following pomade:—Hydrarg. iodo-chloridi, gr. v.; Adipis, ʒj. After each application of the remedy, which requires the assistance of the speculum, the patient should keep her bed for six or eight hours.

The sponge may then be extracted, and an injection of tepid water should be performed. The epithelium is in general destroyed in the parts which have come into contact with the ointment; exudation follows, and marked decrease of size of cervix. The application may be repeated several times, if necessary, at intervals of ten days or a fortnight.

Scanzoni has completely relinquished the practice of applying tincture of iodine to the vagina or cervix. When excoriations are present, he prefers to all other local remedies rectified pyroligneous acid, pure or mixed with equal parts of creasote. He leaves these modifiers in contact with the ulcerated surfaces, until the sanguineous oozing has ceased, and until the part, which is in general of a bright red, has ac-

quired a dead white color.—*Chicago Medical Examiner, from Journal of Practical Medicine and Surgery.*

#### POSTURAL TREATMENT OF PROLAPSE OF FUNIS.

—Dr. Birnbaum gives an historical résumé of the plan of replacing the cord by putting the woman in the knee-elbow position. He quotes Deventer, 1701; John Mowbray, 1724; Henry Bracken, 1737, and others, as having recommended this practice; and more lately V. Ritgen (1848). As a pupil of Ritgen's, Dr. B. says he has often practised this method. He says:—When a loop of funis is still high in the cervical canal, and the cervix scarcely admits the examining finger, it may be that the knee-and-elbow position is useful; but when the loop has once passed through the os uteri, whether head, trunk or foot present, it will be vain to expect any good from this position. He remembers no case where manual aid was not also necessary, in addition to the knee-elbow or side position to replace the cord, or to extract the child.—*Med.-Chir. Rev., from Mon. f. Geburtsh.*

**APPOINTMENTS.**—Dr. Henry I. Bowditch has been elected one of the Visiting Physicians of the City Hospital, in place of Dr. Wm. W. Morland, resigned.

Dr. Algernon Coolidge has been appointed one of the Visiting Surgeons to the Massachusetts General Hospital.

Dr. C. B. Porter has been appointed one of the Surgeons to Out-patients at the Massachusetts General Hospital.

Dr. Robert Willard has been appointed Aural Surgeon to the Eye and Ear Infirmary.

At the late Annual Meeting of the New York State Medical Society at Albany, Dr. J. V. P. Quackenbush, of Albany, was chosen President; Dr. James P. White, of Buffalo, Vice President; Dr. William H. Bailey, of Albany, Secretary; and Dr. J. V. Lansing, of Albany, Treasurer. The following gentlemen were chosen honorary members of the Society:—N. D. Benedict, Florida; Joseph K. Barnes, Surg.-Gen. U.S.A.; Isaac Ray, Providence, R. I.; Thomas Kirkbride, Philadelphia. And the following as delegates to the Massachusetts Medical Society:—Drs. J. F. Jenkins, Yonkers; H. D. Bulkley, New York City; G. F. Fisher, Sing Sing; Alden March, Albany.

PROF. E. ANDREWS writes from London, that in 83,059 cases of use of chloroform in 14 London hospitals, 24 proved fatal.



## Selections and Medical Items.

**FATAL OBSTRUCTION OF INTESTINE BY WORMS.**—A child of two years, well at 6 A.M., died the following night after spontaneous uncontrollable vomiting, unaccompanied by a single defecation. At the autopsy the cavity of the small intestines, about a foot from the ileo-caecal valve, was found completely obstructed by a mass of about 20 lumbrici, the size of which, that of a hen's egg, was increased by seven or eight fragments of double tripe, which the child had swallowed whole thirty-six hours before. The intestinal mucous membrane was red, inflamed and slightly softened at the seat of obstruction, elsewhere it was perfectly healthy. The other organs of the abdomen and the peritoneum were intact.—*L'Union Médicale.*

**CASE OF ANEURISM OF THE COMMON ILIAC SUCCESSFULLY TREATED BY PRESSURE OF THE ABDOMINAL AORTA.**—The subject of this case was an Irishman, who had been treated for aneurism by compression in Dublin and Tralee, but who subsequently came to London, and was admitted into St. Bartholomew's Hospital. It was determined to try again the effect of pressure high up on the common iliac artery, and a tourniquet was accordingly placed over the bifurcation of the aorta, in such a manner as to control only the passage of blood through the right common iliac, leaving the left, as far as possible, free. By this plan the pulsation in the tumor was arrested, and although the progress of the cure was delayed by several unfavorable symptoms, the size of the swelling was diminished by more than one-half, and the pulsation was greatly diminished.—*Med.-Chir. Rev., from St. Bartholomew's Hosp. Reports.*

**DEATH OF M. SERRES.**—We learn, from the *London Med. Times and Gazette*, of the death of M. Serres at the age of 82. During the sieges of Paris in 1814 and 1815 the Cossacks who fell into the hands of French practitioners died rapidly under the debilitating treatment which then prevailed. M. Serres, remembering that these men in their own country were addicted to hard drinking, gave them abundance of brandy, instead of using the lancet, and his success was prodigious compared with the results of the opposite method. This service brought him into notice. In 1822 he became physician to La Pitié. In 1828, having devoted his attention to comparative anatomy, he succeeded Chaussier at the Academy of Science, and in 1839 was appointed to the chair of Human Anatomy left vacant by the death of Cuvier. He took an important part in the discovery of typhoid fever, but his labors are chiefly connected with natural history. He died of capillary bronchitis after a few days illness.

**CASE OF HYDROCELE CURED BY FARADIZATION.**—The patient, aged 54, had a hydrocele of many years standing, which had been treated three times by injection without effect. The tumor was large and very sensitive. To effect a radical cure, electricity was used. A needle, connected with the negative pole of Daniell's pile, was introduced into the anterior portion of the tumor, and the

other pole, by means of a damp sponge, applied to the opposite part of the scrotum. The current, which caused little pain, was continued for five minutes and repeated three times every other day, after which the part gradually returned to its usual size. Nine months after the hydrocele had not returned.—*L'Evelement Médical.*

## MEDICAL DIARY OF THE WEEK.

MONDAY, 8 A.M., Massachusetts General Hospital, Med. Clinic; 9 A.M., Medical Lecture. 9 A.M., City Hospital, Ophthalmic Clinic. 9 A.M., City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary. WEDNESDAY, Massachusetts General Hospital, Surgical Clinic. 9 A.M., City Hospital, Ophthalmic Clinic. 9 A.M., Chelsea Marine Hospital. THURSDAY, 8 and 9 A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 10-11 A.M., Massachusetts Eye and Ear Infirmary. FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary. SATURDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit; 11 A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—Cases of Intermittent Fever originating in Boston.—On Retroversion of the Uterus.

Communications declined:—A Drowning Man will catch at Straws.—Strictures on Phosphate of Soda.—On Dysmenorrhœa.—On the Treatment of Ulcers of the Leg without Rest.

BOOKS AND PAMPHLETS RECEIVED.—The Diagnosis, Pathology and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Graily Hewitt, M.D. Lond., F.R.C.P., &c. First American from the Second London Edition. Philadelphia: Lindsay & Blakiston. 1868. 8vo. Pp. 698.—The Education of the Heart; or, the Necessity of Proper Moral Culture for Human Happiness. By Hon. Schuyler Colfax, Speaker of the U. S. House of Representatives. S. R. Wells, New York.—The Good Man's Legacy; a Sermon by Samuel Osgood, D.D. S. R. Wells, New York.—Prevention and Cure of Consumption by the Swedish Movement Cure, with Directions for its Home Application. By D. Wark, M.D., Saratoga Springs, N. Y. S. R. Wells, New York.—Annual Report of the Surgeon-General of the Commonwealth of Massachusetts.—I was Lean, and I became Stout; humbly presenting some Ideas that are really True, though they read like Fiction. Published by A. Williams & Co., Boston.

DEATHS IN BOSTON for the week ending Saturday noon, February 22d, 1868, 120. Males, 60—Females, 60. Abscess, 1—accident, 2—aneurism, 1—apoplexy, 2—disease of the bowels, 2— inflammation of the bowels, 1—disease of the brain, 4— inflammation of the brain, 3— bronchitis, 4—consumption, 15—convulsions, 1—croup, 3—diarrhœa, 1—diphtheria, 2—dropsy, 2—dropsy of the brain, 4—epilepsy, 1—erysipelas, 1—bilious fever, 1—scarlet fever, 12—typhoid fever, 2—gastritis, 1—disease of the heart, 5—infantile disease, 9—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 3— inflammation of the lungs, 9—tuberculosis, 4—measles, 1—old age, 3—paralysis, 3—premature birth, 1—puerperal disease, 3—scrofula, 1—disease of the stomach, 1—suicide, 1—tumour, 2—unknown, 4—whooping cough, 1.

Under 5 years of age, 58—between 5 and 20 years, 6—between 20 and 40 years, 22—between 40 and 60 years, 17—above 60 years, 17. Born in the United States, 85—Ireland, 29—other places, 6.